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2023 SEP -5 PH 2: 0 SECRETARY OF SIA

COVER LETTER

~	on of Corporations			
SUBJECT:	SSG SALES INC.			
.,01,01,011	Name	of corporation	- must include suffix	
Dear Sir or Ma	adam:			
"Certificate of		e of Good Stan	Authorization to Transact ding" and check are submiss in Florida.	
Please return a	all correspondence concert	ning this matter	to the following:	
Anthony Moral	es			
		Name $\phi^{\mathfrak{o}}$	r'erson	
MyUSACorpor	ation.com			
		Firm/Con	npany	
1 Radisson Plaz	za, Suite 800			
		Addro		
New Rochelle.	NY 10801			
		City/State a	nd Zip code	
info@myusaco	•			
	E-mail addres	ss: (to be used t	for future annual report no	tification)
For further int	ormation concerning this	natter, please o	call:	
Anthony Moral	Name of Person Area Code Daytime Telephone Number			
Name	e of Person	Area Cod	e Daytime Telepho	me Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following an eck payable to: FLORIDA I ng Fee	DEPARTMENT ing Fee & F	OF STATE ₹ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA,

Dalaman,	able in Florida, enter alternate corporate name add	•		
2. Children as assessed	y under the law of which it is incorporated)	(DDIk if analisa		-
(12 (22 (24) 2.3				
(Date of incorporation) 5		(Date of duration if other than perpetual)		-
17 Daggarah D	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 r, Richmond Hill, ON LAC 6V4 Canada	orida, if prior to registration) F.S., to determine penalty liability)		-
7	(Principal office	street address)	· · · · · · · · · · · · · · · · · · ·	-
			20	
	(Current mailing a	ddress, if different)	SECRETARY OF STALLAHASSEE	1
8. Name and stree	et address of Florida registered agent: (P.O. F	Box NOT acceptable)	影 5	,
Name:	Incorp Services, Inc.		SSE	
Office Address:	3458 Lakeshore Drive		2: 07 STATE F. FL	
	Tallahassee	Florida 32312	H 1	
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my positi	it as registered agent and agree to tive to the proper and complete pe	act in this capa	city. 1

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	De Nguyen Name:	□Chairman	Name:	
□Vice Chairman	Address: 17 Roosevelt Dr	□ Vice Chairman	Address:	
Director	Richmond Hill, ON L4C 6V1 Canada	□Director		
■President		□President		
■Vice President		□Vice President		
Secretary	■ Treasurer	☐ Secretary		☐ Treasurer
□Other	□Other	Other	<u>-</u> -	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		□Director		
□President		□President		
□Vice President		□Vice President		
USccretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	
	Address:			
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep.	e attachment will be image artment of State Annual Re	d for reporting	purposes only. Non-indexed
יו	De Nguyes	r	•	
T 40 4	De Nguyes Signature of Direc	ctor or Officer		
The officer or dire	ctor signing this document (and who is listed in males information submitted in a document to the D	umber 11 above) affirms th	at the facts sta-	ted herein are true and that he or
13.	De Nguyen, Pre	sident		

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SSG SALES INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSG SALES INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2023.

Authentication: 203983891

Date: 08-16-23